FOR INSTRUCTIONS, SEE BACK OF FORM		Reset Form	FORM	
DISCLOSURE SUMMARY PAG	SE .		DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Orga	nization)		(Rev. 07/2003)	<u> </u>
	· · · · · · · · · · · · · · · · · · ·		For Office Use C	
IMPORTANT: Indicate type of committee you are reporting for:			1	
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City (8) Support Slate of Candidates		lidate	Scanned	
CANDIDATE COMMITTEES ONLY:	Å/O:			
Candidate Name	Political Party	1 3 2003		
Office Sought	District (if Senate	or House)		
			.04	
_Eloise Farson	<u> 319</u>	3 フラ-36 d ONE	<u> 11</u>	-10 - 03
SIGNATURE OF TREASURER (or person filing this report)	TELEPHO	ONE	DATE	SIGNED
Late filed reports are subject t SEE INSTRUCTIONS ON BACK AND COMPLETE THI I AM FILING A	E FOLLOWING S	ENTENCE:	•	CTION YEAR.
CHECK IF AMENDMENT TO REPORT DATED		Local	l Committees, enter	Date of Election
			11-04-0	
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of Disc		1	nty & Local Committe n Election is held Li`n n	es, enter County in
STATEMENT	OF CASH ON	HAND		
CASH ON HAND at the beginning of the reporting period. (This by the committee. This amount MUST be the same a of the last reporting period, or must be zero if this is fit	s is the total of all m	nonies held at the end	\$	772.18
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Schedu	le A) (*also see in-k	kind below)	···	75.00
Schedule F: Loans Received total (Attach Schedule F	=)			
Schedule H: Total Sales of Campaign Property (Attac	ch Schedule H)			
(Schedule H applies to Candidates' Comn	nittees Only)			
		SUB-TOTAL	\$	847.18
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				<u> </u>
Schedule B: Expenditures total (Attach Schedule B) (**also see debts an	id loans below)		465.71
Schedule F: Loan Repayments total (Attach Schedule		•		381.47
CASH ON HAND at the end of this reporting period (if final rep	ort. balance must			
be zero) (Attach DR-3)			\$	-0-
**UNPAID BILLS (From Schedule D - Attach Schedule D)			\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched			-	618.53
**OUTSTANDING LOANS (From Schedule F - Attach Schedul				
CANDIDATE COMMITTEES ONLY:	,			
CONSULTANT BREAKDOWN (Schedule G Attached?)				ES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

Α MONETARY (Rev. 07/03) **RECEIPTS** (Including candidate's personal funds) **CHECK THIS BOX IF** COMMITTEE NAME (Must be same as on Statement of Organization) AMENDING FORM ire land

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
10/28/63	ID#	Debfosta 5609 Grandview PL Loggon IA 52218		\$ 50.00	
10/24/03	ID# CK#	Debfostit 5609 Grandview PL Loggon. IA 52218 Marlene Washburn 944-14 St. Marion IA 52302		25.0d	
	ID# CK#				
	ID#				
	ID# CK#				
	ID# CK#				
, , , , , , , , , , , , , , , , , , ,	ID# CK#				
	ID# CK#				
	ID#				
	ID#				
			SUB-TOTAL	¢	

TOTAL (if last page of this schedule)

(for Schedule A)

SCHEDULE

Reset Form

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTE	E NAME (Must be	same as on Statement of Organization)		
Nie	land for	Mayor		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAMÉ AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/35/63	ID# CK#	12 98-7 the Marin 24 5	distribute flyere	\$100.00
11/04/03	ID# CK#	14 y-ble 3600 Hury 151 E marrin 94 52302	sundwiches fruit for election night party	165.71
10/25/03	ID# CK#	KMR 4 1957 Blanderry Of VE Cedar Reports IA SA403	radio adverticiny	200 10
	CK#			
	ID#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	en de la composition della com		SUB-TOTAL TOTAL (if last page of this schedule)	\$ 465.71

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

		- 1	
Page	 of		

FOR	INSTRUCTIONS	SEE BACK	OF FORM

OR INSTRUCTIONS, SEE BACK OF FORM		CHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization)		E Rev. 06/97)	IN KIND CONTRIBUTIONS
Nicland Lormayor		-	
			THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
11-10-03	John B Nieland 1390-48 4 A Marion, IA52302	self.	Lean forgiven	\$ 618.53	
<i></i>					
				·	
·					
				·	
			SUB-TOTAL	\$ 618:53	
			TOTAL (If last page of this schedule)	618.53	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule E)

COMMITTEE NAME (Must be same as on Statement of Organization) NOTE: This schedule reports money loaned to the committee which is deposited in the committee to the committee which is deposited in the committee to the committee				ee acco	unt.	Reset Form		
(Orig	NETARY LOANS RECEIVED <u>THIS</u> REPORTING ginal source of loan, such as a bank, must be sho lved. Include loans from candidate's personal fur	own if a third party is				NETARY LOAN REPAYMENTS MADE <u>THI</u> ans forgiven must be reported on Schedule E		
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUN OF LOA		DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$		11-16-13	John Nieland 1390-489 St. Marin, 2A52302	sel	\$ 381.47
	·							
	TOTAL (PART I)	\$				TOTAL CASH REPAYMENTS <i>(PA</i> From Schedule E TOTAL LOANS FORGIV JTSTANDING LOANS END OF REPORT PE		381.47
making a contr consanguinity (the same as ca	v requires candidate committees to disclose the r ibution to the committee. Relationship must be s (blood relatives) and affinity (relatives by marriag andidate, but there is no familial relationship, enter lumn when it applies	hown to the third degree). If surname of cont	ree of tributor is			Page	/ at /	

(for Schedule F)